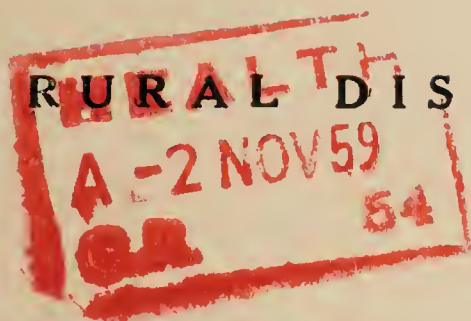


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RURAL DISTRICT OF WAKEFIELD

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

(J. Lyons, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.)



FOR THE

YEAR ENDED 31st DECEMBER, 1958



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FOR THE

YEAR ENDED 31st DECEMBER, 1958

WAKEFIELD RURAL DISTRICT

MEMBERS OF THE PUBLIC HEALTH COMMITTEE**1958—59****Chairman:**

Councillor J. Crowther

Vice-Chairman:

Councillor E. Crossley

Councillors

R. Darwell
J. H. Milne
Mrs. A. P. Wightman
B. A. Hardcastle
H. E. Elsley
H. Howarth
J. Chalkley

J. T. Foley, J.P.
E. Johns (deceased)
F. W. Middleton
W. Sandham
W. B. Spurr
W. Howley

PUBLIC HEALTH STAFF.

WAKEFIELD RURAL DISTRICT.

Medical Officer of Health.

Joseph Lyons, M.B., Ch.B., M.R.C.S., L.R.C.P.,
D.P.H.

Deputy Medical Officer of Health.

Barbara Briggs, M.B., Ch.B., D.P.H.

Chief Public Health Inspector.

E. Heald, M.R.S.H.

Additional Public Health Inspector.

C. Cannon, A.R.S.H.

Public Health Inspector's Clerk.

Miss M. Lloyd.

WEST RIDING COUNTY COUNCIL.

Preventive Medical Services! Health Division 13.

Divisional Medical Officer.

As above (M.O.H.).

Senior Assistant County Medical Officer and School Medical Officer

Barbara Briggs, M.B., Ch.B., D.P.H.

Assistant County Medical Officers and School Medical Officers

Irene Hargreaves, M.B., Ch.B.

George Firth, M.B., Ch.B., D.P.H.

Health Visitors.

Mrs. M. A. Ward, S.R.N., S.C.M., H.V. Certificate.

Mrs. E. Driver, S.R.N., S.C.M., H.V. Certificate.

Mrs. A. Holder, S.R.N., S.C.M., H.V. Certificate.

Mrs. A. Gillies, S.R.N., R.F.N. (To H.V. Course
6.10.58).

Miss J. Hough, S.R.N., S.C.M., H.V. Certificate
(Appointed 14.7.58).

Midwives.

Miss M. Campbell, S.R.N., S.C.M.

Mrs. J. Renshaw, S.R.N., S.C.M.

Miss A. Hauxwell, S.R.N., S.C.M. (Retired 8.6.58).

Miss B. B. Fearon, S.R.N., S.C.M. (Appointed 15.8.58).

*Miss O. Gardner, S.R.N., S.C.M., Queen's Nurse.

*Miss M. E. Rhodes, S.R.N., S.C.M., Queen's Nurse.

Home Nurses.

Miss F. E. Ellis, S.R.N., R.F.N., A.R.R.C.

Mrs. L. Jackson, S.R.N., S.C.M.

Mrs. A. G. M. Wagstaff, S.R.N., Queen's Nurse.

Mrs. T. Pickersgill (Relief Nurse), S.R.N., Queen's Nurse

*Miss O. Gardner, S.R.N., S.C.M., Queen's Nurse.

*Miss M. E. Rhodes, S.R.N., S.C.M., Queen's Nurse.

*Combined appointment—Home Nurse/Midwife.

Mental Health Social Worker.

Mrs. A. Stell.

Mental Health Home Teacher.

Mrs. M. E. Towell.

Speech Therapist.

Miss G. Teare, L.C.S.T. (Appointed 1.10.58).

Joint Clerical Staff

Engaged in all constituent districts of the Division viz., Wakefield R.D., Morley, Ossett and Horbury.

A. Wright, D.M.A., D.P.A. (Senior Clerk).

K. Schofield, D.P.A.

D. Leach.

C. C. Roberts.

Miss M. Halloran.

Miss C. Brennan.

Mrs. M. Thornburn.

Mrs. M. Kilburn.

Miss J. Hollings.

Mrs. M. M. Jennings (Resigned 30.9.58).

Miss E. Asquith.

Miss P. Crosby.

Miss J. Nicholson (Appointed 1.10.58).

LEEDS REGIONAL HOSPITAL BOARD.**Consultant Staff.****Ear, Nose and Throat Surgeon.**

T. B. Hutton, F.R.C.S.

Chest Physician.

J. K. Scott, M.B., Ch.B., M.R.C.P., D.P.H.

School Ophthalmologist.

J. V. Kirkwood, M.B., Ch.B.

Pædiatrician.

J. D. Pickup, M.D., D.P.H.

A. P. Roberts, M.B., B.S., M.R.C.P.,
M.R.C.S., D.C.M.

Orthopaedic Surgeon

Miss M. A. Pearson, F.R.C.S.

Windsor House,

Queen Street,

Morley.

July, 1959

To the Chairman and Members of the Wakefield Rural
District Council.

Mr. Chairman and Members,

I have the honour to present the Annual Report of the
Medical Officer of Health for the year 1958.

Under the scheme of Divisional Health Administration
your Medical Officer of Health is also the Divisional Medical
Officer for the West Riding County Council's local health
services, and has similar functions in the Boroughs of Morley
and Ossett and the Urban District of Horbury. The scheme is
designed to produce a closer integration of local authority
health services.

The vital statistics of the year under review give a picture
of a fairly healthy and expanding community. The birth-rate
(17.8) was similar to the relatively high average of recent
years, births exceeding deaths in 1958 by the considerable mar-
gin of 153. The growth of population is such that, in spite of
the many new houses erected by the Council and by private
enterprise, the average number of persons per house was higher

at the end of 1958 (3.15) than at the end of 1956 (3.11). The policy of largely restricting new Council building to meet the needs of tenants from clearance areas has the effect of replacing bad houses with good houses but is not meeting the new demands of an increased population. Houses built by private enterprise have not so far been sufficient in number to fill the gap. Failure to solve this problem will result in a gradual increase in the number of overcrowded houses and a consequent deterioration in the community's health. It may be of significance that during the past twelve months the number of complaints of overcrowding received in my office from the Rural District has been proportionately greater than from the other districts in my Division, although it should be stressed that nowhere in this Division is overcrowding anything more than an exceptional condition. Since the war the Rural District Council has in fact made great progress in improving housing conditions and relieving overcrowding: it is the maintenance of this progress that is now in doubt.

One of the most sensitive indices of the health and well-being of a community is its infantile mortality rate. In 1958 this was 28.0 per 1,000 births as compared with 34.5 in 1957. The vital statistics of a relatively small population are subject to wide fortuitous fluctuation and a clearer idea of the recent trend in infant mortality can be obtained from rates calculated over five-year periods. These are 27.5 for the years 1949-1953 and 26.0 for 1954-1958 and are slightly lower than the corresponding figures for the Administrative County as a whole. The absence of maternal mortality for the third successive year also gives grounds for satisfaction. These statistics of maternal and child welfare indicate not only the increased efficiency of preventive and curative medicine (including ante-natal care) but also the higher levels of general health

and nutrition in the community. The Wakefield Rural District Council has itself played an important role in the prevention of infant deaths by building houses with amenities which encourage personal hygiene and by a steady improvement of general sanitation. The County Council personal health services radiating from local clinics have perhaps a more direct impact, and all the heavy armament of modern preventive medicine, from vitamins to vaccinations, has been mobilised in defence of the community. The County Council through its midwives, home nurses, health visitors and home helps also provides real assistance to that oft-abused body of medical men, the general practitioners, without whose staunch and untiring efforts no health service could begin to function.

The proper use of all these services must depend, among other factors, on a reasonable degree of public enlightenment in matters of health and disease. It is still necessary to teach our citizens that prevention is better—and very much cheaper—than cure. The rapid progress of curative medicine and research in recent years may have made the prevention of disease seem less important. Prevention would indeed merit less attention if all the major diseases could be cured quickly, effectively, safely and cheaply. But we have not yet found this Utopia and many a general practitioner wishes his patients would show more faith in commonsense advice than in pills and potions. This is but one example of a degree of public apathy and ignorance which is all too prevalent. It can be remedied only by systematic education in the elementary principles of health and hygiene. This should begin at school and be continued at clinics, factories, colleges and last but not least, in the homes of the people.

The volume and scope of health education in schools at the present time varies enormously, depending largely on the keenness and standard of training of individual teachers. Some headteachers consider it a vital and necessary part of the syllabus and worthy of the highest priority; others regard it as an 'extra' which, though desirable, is at the mercy of a syllabus strait-jacketed by examination requirements, with the result that very little may be done. I have also reason to believe that there is marked variation in the amount of health education taught at the various teachers' training colleges. This situation cannot be viewed with complacency. It is accepted that children should be taught about everything around them from the geography of the West Riding to elementary astronomy but, for some reason which only a Victorian prude could explain, they can be debarred from learning about the working of their own bodies! It is surely time that the syllabus of every school included some basic instruction in human anatomy, physiology and hygiene.

School Medical Officers and Health Visitors in this divisional area have been encouraged to press ahead with health education. This is achieved partly by the personal approach to individual parents at clinics, school medical inspections, and in their own homes. Even intelligent parents of healthy children need advice from time to time and the need is of course greatly multiplied when the parents are sub-normal or the children neglected. This individual approach is supplemented by organised group-teaching and lectures where practicable.

Health Education of a specialised nature is devoted to expectant mothers. During the last two years we have built up flourishing "relaxation classes" at Crofton, Middlestown

and Crigglestone. Here the mothers-to-be are taught by the midwives and health visitors how to prepare — physically, psychologically and socially — for their confinements. The rudiments of the anatomy and physiology of pregnancy and labour are explained and simple rules of health discussed, the naturalness of childbirth being emphasised. The stages of labour and the part to be played by the mother herself (in co-operation with doctor or midwife) are explained and indeed rehearsed. The health visitors' contributions are usually in the form of demonstrations and talks on the care of the new born infant. At one time it was not uncommon for young mothers, panic-stricken by the onset of labour, haunted by the fear of the unknown, and demoralised by old wives' tales, to be in such a state of anxiety and hysteria as to make co-operation with midwife or doctor almost impossible. Relaxation classes have almost eliminated this sort of occurrence.

The infectious disease statistics for 1958 indicate that there were no epidemics of serious disease. Diphtheria was absent for the eighth successive year and only four cases of poliomyelitis were notified. Scarlet fever notifications numbered 14 but the disease was of a mild character. The incidence of sonne dysentery was higher than usual, due to an outbreak largely confined to villages adjacent to the Wakefield County Borough. This disease is transmitted primarily by the unwashed hands of cases and carriers. With a view to limiting the spread of this local outbreak all known cases, carriers and contacts were advised about the need for careful washing of the hands after visiting the lavatory. The local schools were provided with an emergency supply of individual paper towels to remove the risk of infection inherent in the use of communal roller towels which are regrettably still in vogue in many County Council schools, and headteachers were encouraged

to institute hand-washing drills. These measures were applied both to the schools affected by the outbreak and to adjacent unaffected schools and it is worthy of note that the incidence of new cases began to dwindle within a few days of the adoption of these precautions. The improvement may of course have been coincidental; it is notoriously difficult to assess the real value of epidemiological control measures of this kind.

Tuberculosis statistics were of special interest in 1958 in that, for the very first time, not a single death was recorded as primarily due to this disease. Eight new cases of respiratory tuberculosis were, however, notified during the year, a clear indication that, although great progress has been made in the control of this scourge, there is no room for complacency. The total number of tuberculosis patients in the Rural District exceeds 150, but most of them are ambulant, no longer infectious to others, and well on the way to recovery.

The major causes of the lowering in incidence of most forms of infectious disease are the reduction of overcrowding, the protection of food and water supplies, and the development of the science of immunisation. Expansion of the work involved in immunisation has been particularly noticeable in the last year or two as may be seen from the following table:—

Number of completed immunisations: Wakefield Rural District

	1956	1957	1958
Diphtheria (primary immunisation)	255	169	364
Diphtheria (booster doses)	458	272	204
Whooping Cough vaccinations	202	221	277
Smallpox (primary vaccinations)	84	102	123
Smallpox (re-vaccinations)	12	15	10
Poliomyelitis vaccinations	51	504	1356
B.C.G. Vaccinations (against tuberculosis	18	47	31
Tetanus immunisations	—	—	517
Totals of completed immunisations ...	1080	1330	2882
Totals excluding poliomyelitis vaccinations	1029	826	1526

It will be seen that the heavy programme of poliomyelitis vaccination was in general not allowed to interfere with the work of protecting children against other infectious disease risks.

With the virtual elimination of most of the diseases responsible for death in early life, it is inevitable that interest should shift to the diseases affecting mainly the middle-aged and elderly, particularly to the cancers and to the so called "degenerative" diseases. Nearly one half of the Wakefield Rural District deaths in 1958 were due to arterial degeneration in some form (including coronary disease). There is a growing volume of evidence that arterial degeneration is not merely a product of age nor even of physical constitution but can be influenced greatly by personal habits and diet. The habit of over-eating, especially prevalent in middle-aged men of sedentary occupation, may be comparable as a cause of death with the malnutrition of pre-war years. Prosperity would appear to be almost as injurious to health as poverty.

Less is known of the causation of cancer with the exception of cancer of lung, which is unfortunately becoming increasingly common. In the three years 1953-1955 there were 7 deaths in all from cancer of lung but in the subsequent three years 1956-1958 the number had increased to 14. The Medical Research Council has made abundantly plain its opinion that the cigarette-smoking habit is the major cause of the 800% increase in deaths from lung cancer over the past 30 years. Neither the Press nor the public have been prepared so far to accept the advice of this authoritative body of medical experts, whilst the Ministry of Health appears to have satisfied its conscience by urging local authorities to disseminate information so that smoking risks may be brought effectively to the public notice. The challenge has been accepted locally, but, in my humble opinion, a local authority campaign, however comprehensive and thorough, cannot have any appreciable effect on the nation's addiction to cigarettes unless supported by the heavy artillery of propaganda, viz. the Press, television, films and radio. At present the general trend of Press and commercial television publicity is towards encouragement of smoking. This is mainly due to the advertisements of the tobacco manufacturers and is reinforced by the reluctance of purveyors of advertising space to offend their customers. The Chancellor of the Exchequer is presumably also disinclined to kill the goose that lays the golden eggs! It might be helpful if the Ministry of Health itself bought some advertising space in the national press and on commercial television. And, if Parliament could be persuaded to introduce legislation prohibiting the advertisement of cigarettes, some real progress could be expected.

Reference was made in my last Annual Report to new developments in the field of mental health. One noteworthy

local improvement has been the increased provision for the occupational training of mentally handicapped children and young persons. A total of 16 Rural District patients are now transported daily to and from occupation centres as compared with only 6 two years ago and parents have been quick to show their appreciation of the care and training provided. Probably the major improvement noted in the children has been an increase in confidence and happiness arising out of the realisation that they are able to perform some tasks and that the world consists of something more than a frustrating and exasperating circle of hypercritical or scornful human beings. Several parents have remarked on the effect of this improvement of mood in reducing the domestic tension which is nearly always present in families with one or more mentally handicapped children. Another welcome sign of progress has been the improved standard of social self-care. Some of the younger children were able within a month or two—to learn to dress and undress, eat and drink reasonably tidily at a table, and to avoid wetting or dirtying themselves. This latter skill gave as much relief and pleasure to the mothers as would the success of a normal child in the '11 plus' examination!

I have not attempted in this introductory statement to cover all aspects of the work of the Health Department, but rather to draw attention to those topics of special interest or importance. The statistical sections of my report, will I hope fill the gaps. May I in conclusion place on record my appreciation of the friendly relationship which I have enjoyed with yourselves and with your senior officials.

I remain,

Yours sincerely,

JOSEPH LYONS,

Medical Officer of Health.

SECTION I. VITAL STATISTICS

Statistics.

Area	21,335 acres
Population—Census 1951	19,199
Registrar General's estimate of Resident Population mid-1958	20,070
No. of dwelling houses	6,373
Rateable Value	£146,366
Product of a penny rate	£586 3s. 0d.

Summary of Vital Statistics

	Total	M.	F.	
Live Births:				
Legitimate	351	173	178	Birth-rate per 1,000 of the estimated resident population 17.8
Illegitimate	6	2	4	
Still-Births:				
Legitimate	7	4	3	Rate per 1,000 (live and still-births) 19.2
Illegitimate	—	—	—	
Total Births:				
Legitimate	358	177	181	
Illegitimate	6	2	4	
Deaths	204	115	89	Death-rate per 1,000 of the estimated resident population 10.2

Maternal Mortality.

There were no maternal deaths.

Infantile Mortality.

Ten infants under the age of twelve months died during 1958, giving an infantile mortality rate of 28.0 per 1,000 births.

The following table gives the cause of death of these infants:—

Cause of Death	No. of infants dying in				
	1st week	2nd wk.	3rd wk.	4th wk.	5-52 weeks
Prematurity	6	—	—	—	—
Acute Hydrocephalus ...	1	—	—	—	—
Congenital Heart	—	—	—	—	1
Cerebral haemorrhage ...	1	—	—	—	—
Accidental death— asphyxia	—	—	—	—	1

CAUSES OF DEATH—WAKEFIELD R.D.

17

Cause of Death	1956			1957			1958		
	M	F	Total	M	F	Total	M	F	Total
1. Tuberculosis of respiratory tract	1	1	1	3	—	3	—	—	—
2. Other forms of Tuberculosis	—	—	—	—	—	—	—	—	—
3. Syphilitic Diseases	—	—	—	—	—	—	—	—	—
4. Diphtheria	—	—	—	—	—	—	—	—	—
5. Whooping Cough	—	—	—	—	—	—	—	—	—
6. Meningococcal Infections ...	—	—	—	—	—	—	—	—	—
7. Acute Poliomyelitis	—	—	—	—	—	—	—	—	—
8. Measles	—	—	—	—	—	—	—	—	—
9. Other Infective and Parasitic diseases	—	—	—	—	1	1	—	—	—
10. Malignant Neoplasm—Stomach	3	3	6	3	3	6	3	2	5
11. Malignant Neoplasm—lung and bronchus	2	2	4	4	1	5	4	1	5
12. Malignant Neoplasm—Breast	—	3	3	—	1	1	—	2	2
13. Malignant Neoplasm: Uterus	—	2	2	—	—	—	—	2	2
14. Other Malignant and Lymphatic Neoplasms	7	9	16	12	4	16	7	10	17
15. Leukaemia and aleukaemia	1	1	2	1	—	1	—	—	—
16. Diabetes	—	1	1	—	—	—	2	—	2
17. Vascular lesions of nervous system	12	7	19	15	13	28	12	13	25
18. Coronary disease: Angina	23	8	31	22	6	28	24	17	41
19. Hypertension with heart disease	6	4	10	3	3	6	2	5	7
20. Other Heart Disease	3	16	19	10	14	24	10	9	19
21. Other Circulatory Disease...	3	4	7	3	8	11	3	2	5

Cause of Death	1956			1957			1958		
	M	F	Total	M	F	Total	M	F	Total
22. Influenza	—	—	—	3	1	4	2	—	2
23. Pneumonia	7	5	12	2	2	4	9	3	12
24. Bronchitis	3	3	6	14	4	18	13	4	17
25. Other diseases of respiratory system	2	1	3	2	—	2	—	—	—
26. Ulcer of stomach and duodenum	—	—	—	2	—	2	1	1	2
27. Gastritis, Enteritis and diarrhoea	2	—	2	—	—	—	—	—	—
28. Nephritis and nephrosis ...	1	—	1	1	—	1	—	2	2
29. Hyperplasia of prostate ...	2	—	2	—	—	—	3	—	3
30. Pregnancy, childbirth and abortion	—	—	—	—	—	—	—	—	—
31. Congenital malformations ...	2	—	2	1	—	1	1	2	3
32. Other defined and ill- defined diseases	6	9	15	13	6	19	9	6	15
33. Motor vehicle accidents ...	4	1	5	3	1	4	4	—	4
34. All other accidents	4	3	7	3	4	7	5	4	9
35. Suicide	—	—	—	2	—	2	1	4	5
36. Homicide & operations of war	—	—	—	—	—	—	—	—	—
Total all Causes	94	83	177	122	72	194	115	89	204

**PRINCIPAL VITAL STATISTICS for the YEAR 1958, based on the Registrar-General's figures.
COMPARISON WITH OTHER AREAS.**

	Wake- field R.D.	Morley M.B.	Ossett M.B.	Horbury U.D.	Aggregate West Riding Rural Dis.	West Riding Admin. County	England and Wales (Prov- isional Figs.)
Birth Rate (per 1,000 estimated population)	17.8	16.2	17.5	17.2	18.0	16.7	16.4
Still Birth Rate (per 1000 live and still births ...)	19.2	28.7	30.4	27.2	22.3	22.8	21.6
Death Rates (all per 1000 estimated home popula- tion). All causes	10.2	11.6	11.4	11.7	9.8	11.9	11.7
Infective & Parasitic Diseases	0.0	0.03	0.07	0.0	0.07	0.05	*
Tuberculosis of respiratory system	0.0	0.08	0.0	0.12	0.09	0.09	0.09
Other forms of tuberculosis	0.0	0.0	0.0	0.0	0.0	0.01	0.01
Cancer	1.54	2.29	2.13	2.17	1.62	1.97	2.12
Vascular Lesions of ner- vous system	1.25	1.63	2.20	1.08	1.41	1.93	*
Heart & Circ. Diseases...	3.59	4.22	4.54	5.54	3.53	4.59	*
Respiratory disease (excl- uding tuberculosis of respiratory system) ...	1.54	1.33	1.03	0.84	1.13	1.33	*
Infant Mortality (deaths of infants under 1 year per 1,000 live births)	28.0	23.3	23.5	7.0	27.4	24.4	22.5
Maternal Mortality (deaths of mothers due to pregnancy or child birth per 1,000 live and still births)	0.0	0.0	0.0	0.0	0.48	0.43	0.43

* Figures not available.

VITAL STATISTICS OVER THE TEN YEARS 1949—1958

Year	Birth Rate	Death Rate	Infant-ile Mortal-ity Rate	Maternal Mortal-ity Rate	Cancer Death Rate	T.B. Death Rate		No. of cases of			No. of Deaths	
						Pul-monary	Non-Pul-monary	Scarlet Fever	Diph-theria	Polio-myelitis	T.B. All forms	Can-cer of lung and bron-chus
1949	18.5	11.8	38.0	0.00	1.83	0.32	0.00	38	0	6	6	*
1950	16.4	9.7	39.0	0.00	1.33	0.21	0.00	33	1	1	4	4
1951	17.0	10.1	15.3	3.01	1.51	0.26	0.00	18	0	1	5	4
1952	15.8	9.6	19.7	0.00	2.08	0.10	0.00	14	0	3	2	7
1953	18.0	9.0	26.2	0.00	1.78	0.10	0.00	38	0	3	2	2
1954	16.2	9.8	22.4	0.00	1.77	0.05	0.00	9	0	1	1	0
1955	16.0	9.9	22.7	3.15	1.56	0.21	0.00	9	0	5	4	5
1956	18.6	9.1	22.8	0.00	1.70	0.10	0.00	9	0	0	2	4
1957	17.5	9.8	34.5	0.00	1.46	0.15	0.60	17	0	2	3	5
1958	17.8	10.2	28.0	0.00	1.54	0.00	0.00	14	0	4	0	5

* Figures not available.

SECTION II.

GENERAL PROVISION OF HEALTH SERVICES.

A. HOSPITALS.

General Hospital Accommodation.

There are no hospitals within the Rural District, but reasonably adequate facilities are available in Wakefield, Dewsbury, and Leeds, under the administration of the Leeds Regional Hospital Board.

Isolation Hospitals.

Patients with infectious disease may be admitted to Snapethorpe Isolation Hospital, Wakefield, Kendray Isolation Hospital, Barnsley, or to Seacroft Hospital at Leeds. The latter hospital admits all cases of acute poliomyelitis from this area.

Maternity Hospitals and Maternity Homes.

Maternity hospital facilities are available at centres in Wakefield and there is a maternity home in the district of Walton. Priority is given to abnormal cases and to mothers living in conditions unsuitable for domiciliary confinement. Many expectant mothers requiring hospital confinement are booked through the Divisional Health Office, this department being in a position to advise on social circumstances.

B. AMBULANCE SERVICE.

The local ambulance service is provided by the West Riding County Council. There is no local depot, the nearest available depot for the district being Stanley Road, Wakefield. Tel.: Wakefield 3731.

C. LABORATORY FACILITIES.

The Public Health Laboratory at Wood Street, Wakefield (under the administration of the Medical Research Council of the Ministry of Health) accepts specimens for bacteriological, virological, entomological and chemical investigations from general practitioners and Public Health Department Staff.

SECTION III.

INFECTIOUS DISEASES.

Summary of Notifications received during 1958:—

Disease	Total Case notified (corrected)
Scarlet Fever	14
Whooping Cough	1
Acute Poliomyelitis	4
Measles	67
Diphtheria	—
Dysentery	55
Meningococcal Infection	1
Acute Pneumonia	7
Smallpox	—
Acute Encephalitis	—
Enteric or Typhoid Fever	—
Paratyphoid Fever	—
Erysipelas	1
Food Poisoning	1
Puerperal Pyrexia	9
Ophthalmia Neonatorum	—
Pulmonary Tuberculosis	8
Other forms of Tuberculosis	1

Tuberculosis Services.

A clinic is held at Pinderfields Hospital, Wakefield. Regular home supervision is carried out by the Health Visitors. Free milk, bedding, shelters, etc., are provided by the County Council at the discretion of the Divisional Medical Officer if recommended by the Consultant Chest Physician in charge of the Clinic.

The following table gives at a glance the position regarding tuberculosis in Wakefield Rural District in 1958:—

	Respiratory			Non-Respiratory			Totals
	M	F	Total	M	F	Total	
No. on register on 1st January, 1958	38	41	79	3	8	11	90
No. first notified during 1958 ...	7	1	8	1	—	1	9
No. of cases restored to register	—	—	—	—	—	—	—
No. of cases entered in register otherwise than by notification	—	3	3	—	—	—	3
No. removed from register during 1958:—							
(a) died	3	—	3	—	—	—	3
(b) removed from district	1	1	2	—	1	1	3
(c) recovered ...	4	2	6	1	1	2	8
No. remaining on register at 31st December, 1958	37	42	79	3	6	9	88

The number of new cases and the number of deaths notified during 1958 are given in detail in the following table:

Age Period	NEW CASES				DEATHS			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M	F	M	F	M	F	M	F
0- 5	1	—	—	—	—	—	—	—
6-14	—	—	—	—	—	—	—	—
15-24	—	—	—	—	—	—	—	—
25-44	1	1	1	—	1	—	—	—
45-64	4	—	—	—	1	—	—	—
65 and over	1	—	—	—	1	—	—	—
Totals	7	1	1	—	3	—	—	—

SECTION IV.

W.R.C.C. PREVENTIVE HEALTH SERVICES.**A. CLINICS AND TREATMENT CENTRES.****Infant Welfare.**

Mission Hall, Crofton—*Monday, 2-0 to 4-0 p.m.

St. Luke's Hall, Sharlston—*Tuesday, 2-0 to 4-0 p.m.

Church School, Middlestown—*Tuesday, 2-0 to 4-0 p.m.

Village Institute, Crigglestone—*Wednesday, 2-0 to 4-0 p.m.

* Combined with a School Clinic Session.

Combined Ante and Post Natal sessions are held at the same places and on the same days as the Infant Welfare Sessions, but the commencing time in all cases is 1-30 p.m.

Ante Natal Relaxation Classes for Expectant Mothers.

Mission Hall, Crofton—Tuesday, 2-0—4-0 p.m.

Church School, Middlestown—Monday, 2-0—4-0 p.m.

Village Institute, Crigglestone—Monday 2-0—4-0 p.m.

School Clinics (see also under Section H)

Parochial Hall, Crofton—Minor Ailment, Monday and Thursday 9-0—11-0 p.m.

Junior Mixed School, Sharlston—Minor Ailment, Tuesday and Friday 9-0—11-0 a.m.

County Primary School, Walton—Minor Ailment, Tuesday 9-0—10-0 a.m.

County Primary School, Middlestown—Minor Ailment, Wednesday 9-0—10-0 a.m.

County Primary School, Netherton—Minor Ailment, Wednesday 10-0—11-0 a.m.

Village Institute, Crigglestone—Minor Ailment, Wednesday 9-0—11-0 a.m.

Smallpox Vaccination, Diphtheria Immunisation, Whooping Cough Vaccination and Tetanus Immunisation.

All Infant Welfare Centres—as required by arrangement

B.C.G. Vaccination against Tuberculosis

(by arrangement with the Divisional Health Office, Windsor House, Morley).

Vaccinations against Poliomyelitis

(by arrangement with the Divisional Health Office, Windsor House, Morley).

B. CARE OF MOTHERS AND YOUNG CHILDREN.

Ante Natal Services

Clinic	Total No. of women who attended	Total Attendances
Crofton	35	93
Sharlston	16	47
Middlestown	10	15
Crigglestone	13	71
Total	74	226

Child Welfare Clinics.

Clinic	Sessions per month	No. of children who attended		Attendances made by children		Average attendance per session
		Under 1 year of age	2-5 years of age	Under 1 year of age	2-5 years of age	
Crofton	4	57	130	1123	470	33.1
Sharlston ...	4	66	48	1245	404	34.1
Middlestown	4	55	67	1247	529	37.0
Crigglestone	4	114	184	1802	519	48.2
Total	16	292	429	5417	1922	38.1

Home Visiting by Health Visitors.

No. of Ante-natal Visits:—	
First Visits	91
Subsequent Visits	82
No. of Visits to Children under 1 year:—	
First Visits	328
Subsequent Visits	1373
No. of Visits to Children 1-5 years	1951
Special Visits	2618
Total Home Visits	6443

The Care of Premature Infants.

Weight at Birth	No. of Premature Babies		No. Dying	No. Surviving 28 days
	Born Alive	Born Dead		
Not Weighed	—	1	—	—
Under 2½ lbs.	1	—	1	—
2½-3 lbs.	3	—	1	2
3-3½ lbs.	2	—	1	1
3½-4 lbs.	1	—	—	1
4-4½ lbs.	2	—	—	2
4½-5 lbs.	4	—	—	4
5-5½ lbs.	6	—	—	6
Total	19	1	3	16

Special equipment and nursing staff is available for use in the home in cases requiring them.

The Care of Illegitimate Children.

Every effort is made to find a suitable home for the baby either with the mother or with the grandparents.

Special advice about legal adoption is given if this is desired.

These cases are seen in the home by the Health Visitor and encouraged to attend the Infant Welfare Clinic regularly.

Provision of Welfare Foods, etc.

Most proprietary brands of milk and other infant foods are sold at the Child Welfare Clinics for the convenience of mothers, and special brands of milk are ordered when necessary.

Welfare cod liver oil, orange juice, vitamin A and D tablets, and National Dried Milk, are also distributed at the Child Welfare Clinics.

Provision of Maternity Outfits.

These are provided free to mothers preparing for confinement in their own homes.

C. PROFESSIONAL NURSING IN THE HOME.

Home Nursing.

Three whole-time nurses and two nurses having a combined post as district nurse-midwife serve the Wakefield Rural area.

Cases attended	No. of individual patients	Total number of visits made
Medical Conditions	483	10,164
Surgical Conditions	193	3,188
Tuberculosis	10	347
Maternity	5	30
Total	691	13,729

Midwifery.

Five midwives (resident in their own homes) were employed by the County Council to serve the Rural District of Wakefield during 1958. Three of these midwives are whole-time and two have combined posts as district nurse-midwife.

The following table shows the number of women confined in hospital, private nursing homes, or delivered by midwives and private practitioners

	No.	%
No. delivered in hospital	177	48. 6 %
No. delivered in private nursing homes	—	0. 0 %
No. delivered by domiciliary midwives	186	50. 9 %
No. delivered by doctors (including the difficult cases met with by midwives in their practice where a doctor had to be called to effect delivery)	1	0.31 %
Total (including stillbirths)	364	100. 0 %

During 1958 the practising midwives summoned medical assistance to 37 mothers and babies. Medical aid was sent for on account of the following conditions:—

Cause	No.
Premature Babies	2
Cerebral Haemorrhage	1
Retained Placenta	1
Ruptured Perineum	12
Prolonged Labour	1
Complete Abortion	7
Hypertension	3
Obstetric Shock	1
Threatened Abortion	6
Other Conditions	3
Total	37

Emergency Obstetric Unit.

The 'flying squad' attached to the General Hospital, Wakefield is available for obstetric emergencies occurring within the area.

Analgesia.

All midwives are trained in the administration of gas and air analgesia and provided with the necessary equipment. Analgesia is available to all mothers desiring it, subject to satisfactory medical examination by a doctor. 147 women received gas and air analgesia during 1958.

D. HEALTH VISITING.

The duties of the Health Visitor are combined with those of School Nurse. In pursuance of the National Health Service Act the scope of this service includes home visiting for the purpose of giving advice as to the care of children, and persons (including adults) suffering from illness, and of expectant and nursing mothers. The Health Visitor also gives advice in the home as to measures necessary to prevent the spread of infection.

E. HOME HELPS.

In accordance with the National Health Service Act, the County Council provide domestic help for households "where such help is required owing to the presence of any person who is ill, lying-in, an expectant mother, mentally defective, aged, or a child not over compulsory school age."

During 1958, 125 cases were attended by Home Helps, as compared with 123 in the previous year, and the total number of hours worked was 19,727 $\frac{1}{4}$. This is approximately 3,000 hours more than was worked in 1957.

Of the cases attended in 1958, Home Helps were provided for the following reasons:—

	Cases	Hours
Maternity	9	683 $\frac{1}{2}$
Tuberculosis	2	632
Chronic Sickness	108	18158 $\frac{3}{4}$
Others	6	253
	125	19727 $\frac{1}{4}$

F. CARE AND AFTER CARE.

Special provisions are in operation for the care and after-care of patients suffering from tuberculosis, mental illness or defect, venereal disease and other illnesses.

G. MENTAL HEALTH.

Wakefield Rural District has the part-time services of the Divisional Mental Health Social Worker, who is largely concerned with the care of mentally defective patients under Statutory Supervision and Guardianship, and those patients who, having been discharged from Detention Order in Institution, have elected to receive voluntary supervision at home. She also undertakes pre-care and after-care of patients suffering from mental illness.

The Mental Health Social Worker carries out her duties in close liaison with the Mental Hospitals, and Mental Deficiency Institutions, and with those statutory and voluntary bodies concerned with social welfare generally.

Every effort is made to rehabilitate the higher-grade defective and to secure suitable employment for them in local industry.

**Summary of Cases at present under Supervision under the
Mental Deficiency Acts as at 31st December, 1958.**

	Under 16 years Male	Female	Over 16 years Male	Female	Total
Under Statutory Supervision	8	6	27	8	49
Under Guardianship ...	—	—	—	—	—
Under Voluntary Supervision	—	—	12	4	16
Total...	8	6	39	12	65
Attending Occupation Centre	6	4	1	2	13
Receiving Individual Home Training	—	—	2	—	2
Receiving Group Training	—	1	—	—	1
Awaiting Occupation Centre	1	—	1	—	2
Gainfully employed ...	—	1	28	3	32
Usefully employed at home	—	—	6	5	11
Too handicapped mentally and physically to undertake any form of training or employment	1	—	1	2	4
Total...	8	6	39	12	65
Married mental defectives under Supervision	—	—	—	2	2

	Male	Female	
Cases in Institution	13	13	26
Awaiting admission to Institution ...	—	—	—
On licence from Institution	—	—	—

After-care of Mental Patients.

Male	Female
1	3

H. SCHOOL HEALTH SERVICE.

Number of school departments in district	19
Number of children in attendance at school at the end of 1958	2591
Number of children examined during 1958	1206
(This figure being made up as follows)—	

Entrants	299
7—8 years group	—
Last year Primary	204
Leavers	170
Re-examinations	190
Specials	343

Physical Condition of Pupils Examined

	Satisfactory	Unsatisfactory
Entrants	296	3
7-8 years group	—	—
Last Year Primary	204	—
Leavers	170	—
No. of defects found to require treatment		207
No. of defects found requiring to be kept under observation		286

Cleanliness Inspections.

The Health Visitor attends every school department at frequent intervals throughout the year to examine the children for uncleanly and verminous conditions. Where such conditions exist, parents are informed and are instructed in the application of an effective remedy. Warnings are issued in cases of non-compliance and statutory action taken where there is persistent default.

No. of examinations carried out during the year	7740
No. of cases of uncleanliness found	200
Percentage of infestation	2.6%
No. of children excluded from school	40
No. of cleansing notices issued	4
No. of cleansing orders issued	3
No. of children cleansed (under statutory notice)	2

Minor Ailment Clinics.

4,236 attendances were made at the minor ailment clinics during the year.

Ophthalmic Clinics.

Sessions held.	No. of refractions.	Prescribed spectacles.
29	299	109

Orthopædic Clinic.

4 children made 5 attendances during the year. These children attended the clinic held at the Pinderfields Hospital, Wakefield.

I. Immunisation and Vaccination.

In accordance with the National Health Service Act, immunisation against diphtheria and vaccination against small-pox may be done either at the clinics or by the family doctor.

Diphtheria Immunisation.

Number of children in Wakefield Rural who completed a full course of Diphtheria Immunisation in 1958:—

Age	Under 1	1-4	5-14
Began and Completed injections, 1958	193	86	85
Total =			364
Immunised in previous years, re-treated in 1958	—	—	204
Total =			204

Whooping Cough Vaccination.

The Local Health Authority's Scheme operates in this area and treatments under the scheme have been carried out as in previous years from 1952. Vaccination against whooping cough is available under the County Council's Scheme only to infants and children up to the age of 4.

Number of children in Wakefield Rural District who completed a full course of whooping cough vaccination during 1958—

Age at final Injection	Under 6 months	6 months to 1 year	1-2 years	2-3 years	3-4 years	Total
No. vaccinated	82	142	35	11	7	277

During the year there was 1 notified case of whooping cough. The child concerned had not completed a full course of vaccination.

Vaccination against Poliomyelitis.

Sufficient vaccine was received during the year to immunise 1,356 persons resident within the District.

Vaccination against Smallpox.

During the year 123 people were vaccinated against smallpox, 102 of whom were under 1 year of age.

Additionally 10 people were re-vaccinated.

B.C.G. Vaccination against Tuberculosis.

In 1953 the County Council put into operation a scheme to provide protective vaccination against tuberculosis for a selected group of schoolchildren.

This scheme was approved by the Ministry of Health. The immunising vaccine used is B.C.G. and the selected age-group children in their fourteenth year. This group was chosen for certain approved reasons, one being the further year in school during which observation and supervision could be kept over the child, and also the desirability of affording protection to adolescents in the early years of their employment in industry and elsewhere.

Vaccination was offered to all children in this age-group in the period under review, acceptance being voluntary.

The following table is a summary of the work carried out in the year:—

School	No. of children offered B.C.G. Vaccination	No. of children whose parents consented	No. of children Mantoux Tested	No. with positive reaction	No. with negative reaction	No. vaccinated
Crofton Secondary Modern	105	27	26	7	17	17
Crigglestone Secondary Modern	70	24	24	7	14	14
Totals ...	175	51	50	14	31	31

B.C.G. Vaccination is also available (at the Hospital Chest Clinics) for ascertained contacts of cases of tuberculosis.

Immunisation against Tetanus.

Number of children in the Rural District who completed a full course of immunisation against Tetanus during 1958—

Age at date of injection	Under 1	1-2 years	2-3 years	3-4 years	4-5 years	5-10 years	10-15 years
	215	48	19	8	4	145	78

SECTION V.

SANITARY CIRCUMSTANCES OF THE AREA.

Water Supply.

Water is obtained from the Wakefield Corporation, Barnsley Corporation, Dewsbury Corporation, Darton, Kirkburton and Royston Urban Districts and Hemsworth Rural District. The supply of water has been, in general, satisfactory both in quality and quantity. Seven chemical and bacteriological examinations were made during the year with satisfactory results.

Improvements were made to the water supply, i.e. the 3in. main from Butts Lane to Sandy Lane, Middlestown was scraped; the 3in. and 4in. mains from Flockton Meter to Midgley were scraped; approximately 150 yards of 1½in. polythene main were laid to Hartley Bank, Netherton and new 3in. mains were laid to Notton, Woolley and Seckar Lane. The Council's own supply from Seckar Vale was disconnected.

Drainage and Sewerage.

Work was commenced on the sewage disposal plant at Great Cliffe, Crigglestone and small sewage treatment plants were constructed at Coxley Lane and Carr Lane, Middlestown. A further section of the New Sharlston outfall sewer was scraped and cleansed to improve flow with satisfactory results.

Housing.

There are a total of 6,373 dwelling houses in the district, including 126 back to back houses.

57 new houses were completed in the Wakefield Rural Area in 1958, 36 being provided by the Council and 21 by private enterprise.

29 houses were included in official representations made during the year with regard to Clearance Areas and 3 individual unfit houses were also dealt with. During 1958 101 houses in Clearance Areas were demolished in addition to the three individual unfit houses mentioned above.

Rent Act 1957.

11 certificates of disrepair were granted and 17 undertakings to execute repairs were given by owners to the local authority. 4 certificates were cancelled.

Grants for Conversion or Improvement of Housing Accommodation.

During 1958, 106 applications for grants in respect of improvements were received. All of these were approved and by the end of the year improvements in respect of 27 of the dwellings were completed.

Nuisance Inspections.

7 informal notices were issued and all nuisances were abated by the end of the year.

Closet Accommodation.

Houses (percentage of total) provided with water closets	95.5%
Houses (percentage of total) provided with waste water or trough closets	0.08%
Houses (percentage of total) provided with chemical closets	—
Houses (percentage of total) provided with earth or pail closets	4.4%
No. of earth closets, etc. converted to water closets ...	82
No. of houses served with earth closets, etc., due to lack of sewer or water facilities	284

During the year notices were served under Section 47 of the Public Health Act 1936 to secure conversion of earth closets etc. Grants were made as required.

Public Cleansing.

This is in operation throughout the whole of the district. Bins and pails are emptied weekly as far as possible. Privies are emptied weekly or fortnightly depending on local circumstances.

Disposal of Refuse.

All refuse in this area is disposed of by controlled tipping.

MILK SUPPLY.

There are 22 registered retail milk sellers in the district. Under the Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949-53, licences are in force for 18 dealers in pasteurised milk and 10 dealers in sterilised milk. Under the Milk (Special Designation) (Raw Milk) Regulations, 1949 and 1950, licences are in force for 22 dealers in Tuberculin Tested Milk.

There are 10 dairies registered under the Milk and Dairies Regulations, 1949-1954.

ICE CREAM.

Under section 16 of the Food and Drugs Act, 1955, 37 retailers are registered for the sale of ice cream and a total of 89 inspections were made during the year. With regard to the Ice Cream (Heat Treatment, etc.) Regulations, 1947-1952, there are no manufacturers of ice cream in the district.

SHOPS ACT, 1950.

Under Section 38 of the above Act, 95 visits were made and no unsatisfactory conditions were found.

SMOKE ABATEMENT.

There are ten colliery spoil banks in the district. One of which has been on fire during the year. The Colliery Manager was contacted in this case and requested to abate the nuisance.

TENTS, VANS AND SHEDS.

There are 8 licensed sites in the district for the erection of tents, vans and sheds for human habitation. 2 sites are licensed for more than 2 caravans. The Council has not made any bye-laws under Section 268 (4) of the Public Health Act, 1936.

SWIMMING BATHS AND BATHING POOLS.

There are no swimming baths or bathing pools in the area.

PREVENTION OF DAMAGE BY PESTS.

Under the Prevention of Damage by Pests Act, 1949, a total of 594 inspections were made and 88 cases of infestation were dealt with during the year.

FOOD.

There are, in the district, 51 grocers' shops, 18 fish and chip shops and 11 butchers' shops. Of these, 8 of the butchers' shops are registered in accordance with the provision of Section 16 of the Food and Drugs Act, 1955. A total of 63 inspections were carried out on registered food premises throughout the year. Any food which is found to be unsuitable for sale for consumption is condemned, and after being dyed, it is disposed of either by collection by the manufacturers of fertilizer or buried on the refuse tip.

Work is still in progress with regard to action requiring to be taken under the Food Hygiene Regulations, 1955-56, and it has not yet been possible to arrange for any organised educational activities.

FACTORIES ACTS, 1937—1948.

There are in the district 89 factories registered in accordance with the Factories Acts. A total of 107 inspections were carried out during the year. In 2 cases defects were found and remedied.

MEAT INSPECTION.

Ante and post-mortem inspection of all food animals is carried out. The following table gives details of the carcasses and offal inspected and condemned in whole or in part:—

	Cattle, excl. Cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed	609	188	24	2710	992	0
Number inspected	609	188	24	2710	992	0
All diseases except Tuberculosis and Cysticerci Whole carcasses condemned	Nil	Nil	Nil	Nil	Nil	Nil
Carcases of which some part or organ was condemned	30	34	Nil	Nil	129	Nil
Percentage of the number inspected affected with disease other than tuberculosis & cysticerci	5 %	18 %	0 %	0 %	13 %	0 %
Tuberculosis only Whole carcasses condemned	Nil	Nil	Nil	Nil	Nil	Nil
Carcases of which some organ or part condemned	35	31	Nil	Nil	27	Nil
Percentage of the number inspected affected with tuberculosis ...	6 %	16.5 %	0 %	0 %	3 %	0 %
Cysticercosis Carcases of which some part or organ was condemned	Nil	Nil	Nil	Nil	Nil	Nil
Carcases submitted to treatment by refrigeration	Nil	Nil	Nil	Nil	Nil	Nil
Gen. disease & totally condemned	Nil	Nil	Nil	Nil	Nil	Nil

